



State of Delaware  
Department of Natural Resources  
& Environmental Control  
**Division of Water**

Board of  
Certification

89 Kings Highway  
Dover, Delaware 19901

Phone: (302) 739-9946  
Fax: (302) 739-8369

☐ **DO NOT CONTACT EMPLOYER**  
☐ **CONTACT EMPLOYER**

**APPLICATION FOR CERTIFICATION  
WASTEWATER TREATMENT PLANT OPERATOR**

*Application Must Be Complete, Typewritten or Clearly Printed*

APPLICANT INFORMATION				
Prefix	First Name	Middle Name	Last Name	Suffix
Street Address				
Mailing Address (if different than Street Address)				
City	State		Zip	
Home Telephone Number		Mobile Telephone Number		
E-Mail Address		Social Security Number		Date of Birth
Payment Information (Make Checks Payable to DIVISION OF WATER) <input type="checkbox"/> <b>New ~ \$50.00*</b> <input type="checkbox"/> <b>Emergency ~ \$375.00*</b> *non-refundable			Level of Application Certification <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
CERTIFICATIONS				
Have you been certified by any board or committee to operate a wastewater treatment plant?				
<u>Level &amp; Type of Certificate</u>	<u>Certificate Number</u>	<u>Date Issued</u>	<u>Issuing Agency</u>	<u>Renewal Date</u>
EDUCATIONAL BACKGROUND				
ATTACH COPY OF HIGH SCHOOL DIPLOMA OR COLLEGE TRANSCRIPTS AS APPROPRIATE				
<u>HIGH SCHOOL</u> Name		City, State		
Dates Attended	Total Credits Earned		Degree/Diploma Received	
<u>COLLEGE/UNIVERSITY (UNDERGRADUATE)</u> Name		City, State		
Dates Attended	Total Credits Earned		Degree/Diploma Received	
<u>GRADUATE SCHOOL</u> Name		City, State		
Dates Attended	Total Credits Earned		Degree/Diploma Received	
<u>OTHER</u> Name		City, State		
Dates Attended	Total Credits Earned		Degree/Diploma Received	

CURRENT EMPLOYMENT INFORMATION		
Name of Employer		Telephone Number
Street Address		
Mailing Address (if different than Street Address)		
City	State	Zip
Name of Plant or Service Area		DNREC Classification of WWTF
Dates of Employment at Facility		Dates of Employment as Wastewater Operator
Size of Plant (MGD)		Population Served
Type of Plant or Type of Unit Processes Operated		
Description of Work Performed		
Level of Responsibility		
Name of Supervisor		Title
		E-Mail Address
PREVIOUS EMPLOYMENT INFORMATION		
USE ADDITIONAL SHEETS IF NECESSARY IN THE SAME FORMAT		
Name of Employer		Telephone Number
Street Address		
Mailing Address (if different than Street Address)		
City	State	Zip
Name of Plant or Service Area		DNREC Classification of WWTF
Dates of Employment at Facility		Dates of Employment as Wastewater Operator
Size of Plant (MGD)		Population Served
Type of Plant or Type of Unit Processes Operated		
Description of Work Performed		
Level of Responsibility		
Name of Supervisor		Title

<b>LICENSED WASTEWATER OPERATOR CONTACT LIST</b> <small>AVAILABLE TO THE GENERAL PUBLIC, POTENTIAL EMPLOYERS, SYSTEM OWNERS, ETC.</small>	
<input type="checkbox"/> <b>Yes</b> ~ I <u>would</u> like my contact information made available <input type="checkbox"/> <b>No</b> ~ I <u>would not</u> like my contact information made available	
Telephone Number (for contact list)	County(ies) You Prefer to Work In <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input type="checkbox"/> Sussex
VERIFICATION	
I hereby certify that this application contains no misrepresentation or falsifications, is true and complete to the best of my knowledge and belief. I am aware that any willful falsification or misrepresentation will result in the revocation of any certificate issued.	
Applicant's Signature	Date

Please mail 1. **Application for Certification**, 2. **Educational Transcriptions** and 3. **Payment** to:

**DNREC**  
**Surface Water Discharges Section**  
**89 Kings Highway**  
**Dover, DE 19901**

<b>BOARD OF CERTIFICATION USE – ONLY</b> <b>DO NOT COMPLETE</b>	
REMARKS REFERENCE RENEWAL OF LICENSE	
Attest for the Board of Certification	Date